

FORM 2 – Contact(s) for Ingredients<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>Check (✓) if
Confidential ☐

Will a formulator be reporting product ingredients (FORM 4) for your company? Check (✓) “no” or “yes” and complete the blanks as indicated.

☐ No, my company, _____, the responsible party, will not be using a formulator to complete ingredient information for any product or product group submitted for this survey.

– OR –

☐ Yes, my company, _____, the responsible party, will be using a formulator to complete ingredient information for one or more products submitted for this survey. *List formulator contact information below; photocopy sheet as needed.*

formulator

Check (✓) for All Products <input type="checkbox"/> or Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

formulator

Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

formulator

Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

Instructions: FORM 2 – Contact(s) for Ingredients

Will a formulator report ingredients (FORM 4) for your company?

No.

Check (✓) this box if...

your company, the responsible party, will not be using any formulator to report ingredient information on behalf of your company for any product submitted for this survey.

Then:

- Submit this form to ARB with the other survey forms (you do not need to complete the lower portion of FORM 2).

OR

Yes.

Check (✓) this box if...

for one or more products, your company, the responsible party, will be using a formulator to report ingredient information.

Then:

- Complete one contact information box on the bottom of the form for each formulator.

Notes:

- You only need to list each formulator once; if a formulator will send ingredient information for multiple products or product groups, list all the product tracking numbers at the top of the corresponding formulator contact information box. See page 49 for more information about product tracking numbers.
- If you will be using more than three formulators, photocopy this form as necessary.
- If multiple formulators were used for a product or product group during Calendar Year 2007, choose a representative formulator to complete ingredient information, and list that formulator on this form.
- Make sure you have entered the product tracking number on each FORM 4, *and* have completed Sections A and B before forwarding FORM 4 to the formulator.
- As soon as possible, forward FORM 4(s), preferably with FORM 4 instructions, to the formulator(s) who will be completing Section C, for ingredient information. The formulator should mail the FORM 4(s) directly to ARB.
- Submit FORM 2 to ARB with other survey forms.